DOCUMENT RESUME

ED 346 517 CS 507 833

AUTHOR Metzger, Janet G.; And Others
TITLE Just Say Coyote: The Use of (Ethnic) Narrative in Drug Abuse Prevention.
PUB DATE Feb 92
NOTE 26p.; Paper presented at the Annual Meeting of the Western States Communication Association (63rd, Boise, ID, February 21-25, 1992).
PUB TYPE Reports - Descriptive (141) -- Speeches/Conference Papers (150)

EDRS PRICE MF01/PC02 Plus Postage.
DESCRIPTORS *Attitude Change; Community Attitudes; *Community Programs; *Cultural Background; *Drug Education; Elementary Secondary Education; Folk Culture; Health Education; Metaphors; *Multicultural Education; Program Descriptions; Social Attitudes; Story Telling
IDENTIFIERS Health Communication; Texas (Lubbock)

ABSTRACT

This paper investigates the role of storytelling and other live performances in changing young people's attitudes toward drugs. In particular, it describes a program in Lubbock, Texas which brings anti-drug performances to classrooms and uses narrative forms derived from the folk culture of the audience (Anglo, Spanish, Hispanic, and Navajo). The paper describes a typical session for each type of training the program offers (drug education and multicultural drug education). It then analyzes the sessions in terms of health care issues: cultural conceptions of health, perceptions and beliefs about health concerns, and culturally appropriate strategies for preventive health. It is suggested that these narratives can create viable alternative frames of reference that can redirect behaviors when participants sense themselves acting heroically and when this heroic action is linked to traditional community values and themes. It is observed that even though it is difficult to describe exactly how, compelling reasons for saying "yes" to health and "no" to drugs are evoked and that performances of drug abuse refusal skills affirm the potency of myth and narrative in the form of new stories that are healing rather than destructive. Twenty-five references are attached. (SG)

****
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
****

Just Say Coyote: The Use of (Ethnic) Narrative in Drug Abuse Prevention

Janet G. Metzger
Communication Studies
Texas Tech University

A. Charee Carlson
Communication
Arizona State University

Daniel P. Gomez
Bilingual Education
Texas Tech University

Roy E. Howard
Bilingual Education
Texas Tech University

Paper presented at a meeting of the Western Speech Communication Associaton, Boise, Idaho, February 1992.

RUNNING HEAD: JUST SAY

ED346517

U.S. DEPARTMENT OF EDUCATION
Office of Educational Research and Improvement
EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)

☑ This document has been reproduced as received from the person or organization originating it.

☐ Minor changes have been made to improve reproduction quality.

• Points of view or opinions stated in this document do not necessarily represent official OERI position or policy.

"PERMISSION TO REPRODUCE THIS MATERIAL HAS BEEN GRANTED BY
Janet G. Metzger

TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)."

CS507833

BEST COPY AVAILABLE

Abstract

In this paper, we investigate the role of story-telling and other live performances in changing attitudes toward drugs. In particular, we describe one program in Lubbock, Texas. This program is analyzed in terms of health care issues: cultural conceptions of health, perceptions and beliefs about health concerns, and culturally appropriate strategies for preventive health. These narratives seem to create viable alternate frames of reference when they: a) are related to community values and b) encourage heroic metaphors.

"Would you keep your eyes closed if Coyote came with an empty bag?" (Howard and Gomez, 1990)

In response to what has been perceived as increased drug use among young Americans, researchers and health care professionals have sought methods of intervention to reduce the risk of such behaviors. One of the most promising avenues to date has been the use of skills training sessions. Instead of telling young people to "just say 'no,'" the emphasis here is on how to say it effectively. Through the use of role play, videos and other forms of performance, youth are provided with models of specific behaviors that lead to success in resisting drugs (DeJong, 1987; Rohrbach, Graham, Hansen, & Flay, 1987). These tactics intuitively seem effective, yet upon scientific testing yield mixed results, especially when the drug involved is marijuana (Kim, McLeod, & Shantzis, 1989). Empirical research has yet to account for these inconsistencies.

Despite the mixed results, these reports have opened the way for communication researchers to begin investigating the role of storytelling and other live performances in changing attitudes toward drugs. These communication researchers suggest that performances may, indeed, persuade audiences by creating new perceptual frameworks for future behavior (Mann, Hecht, & Valentine, 1988; Miller-Rassulo & Hecht, 1988). The frameworks provide "low risk" alternatives to "high risk" behaviors. These alternate low risk frameworks presented through performance can be viable up to one month after the performance (Miller-Rassulo &

Hecht, 1988; Hecht, Corman, Miller-Rassulo; cf. Miller-Rassulo, Hecht, & Stiff, ND).

For all this interest in reconstructing behavior, little research has been done to discover just what kind of "framework" should be provided to successfully prevent drug use. Nor is there specific work on how the content of the narratives performed is related to that construction (cf. DeJong & Winsten, 1990; Flay, 1986; Ford, 1989; Mackey-Kallis & Hahn, 1991; Reardon, Sussman, & Flay, 1989; Sutro, 1989; Weibel-Orlando, 1989). This gap suggests that a rhetorical analysis of some effective drug narratives may discover useful themes, metaphors, and patterns that are vital components of low risk behavioral models (cf. Howard, 1991).

In addition, only a few researchers closely investigate the interaction of cultural themes with the anti-drug narratives (cf. Weibel-Orlando, 1989). An examination of narrative adapted from certain cultural groups may enable performers to create effective presentations for specific groups.

One such direction for this research is to investigate anti-drug performances which use narrative forms derived from the folk culture of the audience. Although modern logic and thought can be indifferent to traditional wisdom and lore, contemporary educators do believe that revitalizing traditional wisdom through the medium of folk tales and folk songs (Wallace, 1956) can help solve problems such as drug abuse. Specifically, we have selected one

program for case study, one which was pursued with some success in Lubbock, Texas.

In Lubbock, Texas, the crucible of challenges and the cauldron of wisdom are different than in either larger cities, such as Los Angeles, or smaller towns, such as Muleshoe. Lubbock is a relatively new city, incorporated 1909. Its original charter designated living areas for whites, blacks, and Hispanics. While de jure segregation no longer exists, this earlier legacy has created scars. With a current population just under 200,000 Lubbock has a normative amount of drug use and racial tension but does not yet have the overwhelming violence of major metropolitan areas. Solutions to both the drug use and ethnic intolerance seem possible. Yet because Lubbock is in the very conservative southern Bible Belt, these answers must be formulated in terms acceptable to a civic community shaped by Southern Baptist and Church of Christ traditions.

Active in both drug and multicultural education in Lubbock and the South Plains area are Dr. Roy E. Howard of the Bilingual Education Program at Texas Tech University, Lt. Col. (Retired) Daniel P. Gomez of the Rural . . . Project (REACH) also housed at Texas Tech, and Marianne Gomez at Williams Elementary. Working together with a staff of musicians, educators, artists, and drug counselors, these three have pioneered innovative programs in muticultural education, drug prevention, and multicultural drug prevention. In this paper we focus on the work of Howard and Dan Gomez in drug education and multicultural drug

education. We will desribe a typical session for each type of training, analyze these sessions in terms of health care issues, then discuss the implications.

Sessions

In these programs there are three phases to drug education: a) saying "no" to strangers ("stranger danger"), b) saying "no" to friends ("just say 'no'"), and c) saying "yes" to one's self, friends, and constructive activities. The drug education sessions teach children (K-9), teens (10-12), and adults (college and beyond) how to say "no" to friends and "yes" to themselves. The multicultural drug sessions educate children about all three phases.1

Drug Education--Refusal Skills

The drug education programs of Howard and Gomez are based on refusal skills and vary according to age group. In K-2, the focus is on safety and on obedience to parents. In 3-6, actual training in refusal skills begins; the focus is two-fold, on all at-risk behaviors (not just drugs) and on how to say "no" and keep your friends. In 7-12, the focus shifts to drug education per se. A typical training session is one such as follows for a third grade classroom.

The training goals are: a) Briefly identify and use the steps to Refusal Skills; and b) Apply the knowledge acquired. When Gomez and Howard enter the class they are introduced as very important visitors from Texas Tech who will teach them skills they will need to know the rest of their lives, not just this year, but for their whole life.

Gomez, Howard and a colleague introduce refusal skills

by defining refusal as saying no and skill as being able to do something. When you leave you will know how to say no. They then reiterate, "Refusal skills are what we use when a good friend has a bad idea. We do not use refusal skills with strangers." Children are asked if they have a good friend, a best friend, if this friend has ever gotten them into trouble. By now the children are all involved deeply in what is happening.

At this point, the four goals are presented: a) to keep friends, b) to have fun, c) to stay out of trouble, and d) to stay in control. Brief scenarios are given to illustrate each goal; for example, Phil calls Roberto chicken for not crossing a dangerous street. Roberto says why don't we stay here and play soccer. Are we having fun? (The children give an enthusiastic, "yes!")

After the four goals are reviewed, and the class praised, the types of trouble you can get into are elicited; i.e., things that are: illegal, unsafe, against school rules, against family rules, and that just do not feel right. Children give examples for each category for their own age group, such as (respectively) "drawing on walls" [grafitti], playing in a vacant lot, chewing gum, being rude, and talking badly about someone. The goals are reviewed again. The children are asked if they would like to know how to have fun and how to stay out of trouble at the same time.

After affirmation is received, the five steps of the refusal skills (cf. Hecht, Corman, & Miller-Rassulo, 1991)

are presented: A) Ask questions. "What? . . . Why?" B) Name the trouble. "That's trouble!" C) Name the consequences. "If I do that . . ." D) Provide an alternative. "Instead . . ." E) Move it, Sell it, Leave the door open. "If you change your mind . . ." Verbal examples of each step are given, then the presenters role play a situation between themselves, analyzing it as they go. Afterwards they ask the students if each goal has been met. After a "yes" they role play one more situation and ask the students to name each step as they go. Third, one student interacts with a presenter. Finally, two students are asked to come to the front and role play a situation. The presenters are there to coach if necessary. Several pairs of students have the opportunity (all the children want to try). In between sessions, the presenters highlight the importance of reversing peer pressure and of challenging the troublemaker.

At the end of the session, the students are assigned to develop a role playing session for the following week when the presenters will be back to video tape them. During this taping session the goals and the steps are reviewed, and the children are videotaped. The tape is left with the classroom as a training tool.

Multicultural Drug Education Sessions

The multicultural drug education sessions are general "culture awareness" sessions for K-7. The major goals are increasing appreciation for and tolerance of other cultures and increasing self-esteem and prudence through this

cultural awareness. These sessions are interactive singing and storytelling sessions that vary as much by the season and cultural events as by the age group. A typical session is one presented to combined first and third grade classes for Columbus Day.

Gomez started with a "Hawaiian" song.2 "How many of you did not know there were Native Americans in Hawaii?" "I did not know either!" From there, Gomez comments on what the children have been learning about Native Americans in their classes, then teaches them the "Voy Amastra" song, a show and tell song in Spanish through which they can show off the costumes they have made in their classes and are wearing.

At this point, Howard is introduced. Howard begins by speaking in Navaho, then Japanese, Chinese, German, French, Spanish, and English, continuing in different languages until a language is recognized. (Once a language is recognized he incorporates it throughout the program, in addition to the already trilingual presentation in English, Spanish, and Navaho.) He starts by talking about why there are so many languages in this country. Because this is Columbus Day, he focuses on Cristopher Columbus through an interactive bilingual song about the sailing and an interactive story about Columbus getting lost and being found by the Carib.

> The Carib found him and gave him food, because he was <u>hungry.</u> They gave him water because he was <u>thirsty.</u> They gave him directions because he was

lost. This was a big mistake. Why? Because they said, "Y'all come back now, y'heah." Why was this a mistake? Because they came back and they brought soldiers, and priests, and sailors, and changed their lives forever until there are no more Indians on the Caribs almost. They made a mistake because they made friends with the wrong people.

That was a long time ago and there is no danger of making friends with the wrong people any more. Of course not. What about Saddam Hussein? Magic Johnson made friends with the wrong people. How many of you have a good friend? a best friend?

From this, Howard and Gomez move into a bilingual English-Spanish song about "My Friend," then talk about how every culture has a different way of making friends, focusing on the Navaho then the Mexican. In doing so the highight the differences the Spaniards found in coming to the New World.

With "differences" as a key construct they talk about other differences the Spanish found: 1) corn (with a song in Spanish and then in English about the corn); 2) other foods (with a patter song in Spanish; the children raise their hands when they recognize a food); 3) reactions to food: chile, tobacco, and coffee. In the bilingual patter and song that follow about the tobacco and coffee, the drugs nicotine and caffeine are identified, the Aztec ritual uses are described, and the harmful consequences of these drugs for the Spanish, and for us today, are discussed.

The focus shifts immediately, however. "But [the Spanish] also learned that the people who lived here could do many good things." There is a bilingual Navaho-English discussion of Maria and her rugmaking, then an interactive bilingual English-Spanish song about rugmaking.

After a stretching song, Gomez and Howard talk about soemthing sad. Maria's son herded sheep. One day his favorite lamb was an orphan because ma'ii [coyote] had been there. The boy went to his grandfather, and his grandfather said, "let me tell you a story . . . ." Then follows the story/song (English/Navaho) of "Ma'ii."

> One day ma'ii was very hungry and wanted lunch. He saw the prairie dogs, but he knew they would not let him get close. So he took an empty bag and went sneaking past them. They were curious. "Ma'ii, what is in your bag?" "Dancing songs." "Sing us a dance, sing us a dance, sing us a dance." "Very well, get into a circle and close yours eyes." Then ma'ii danced around the circle and beat the prairie dogs on the head and put them in his bag. As he was getting near the end of the circle, one little girl prairie dog opened her eyes. "Aiiie! Trouble! Ma'ii is killing us all!" She ran off. Ever since then all prairie dogs have descended from this one little girl prairie dog who kept her eyes open.
>
> Has anything like this ever happened to you? No? What if a big car stopped and the driver asked you if you wanted a ride home. What would you say?

(Response: "No.") Louder. ("No!") Even if the driver offered you a nice piece of candy? What would you say? ("No!") (Then in coyote's voice) But this is all make believe. There is no danger. No one will hurt you. (Gomez interrupts, "No, Dr. Howard, we have to be very careful. Over one million children are lost, kidnapped by strangers.") You mean, taking a ride will be like dancing with your eyes closed? (Gomez, "Yes.") Magic Johnson danced with his eyes closed.

The conversation shifts immediately to the closing presentation. Howard notes that when the Spanish came to America, the Native Indians were good teachers, but the Spanish did not learn well. So let's pretend that we are Spanish [and see if we can learn]. A song about barnyard animals in Spanish and English follows, then the children are thanked for being such good learners.

Both the Drug Education Sessions and the Multicultural Drug Education Sessions create dramas and involve children in dramas. This dramas involve children cognitively, affectively, and behaviorally.

The involvement in drama is straightforward in the drug education project. The presenters role play trouble situations in front of the class and with the class, and then class members role play trouble situations for the presenters. In so doing, the students: a) become aware of what trouble is; b) celebrate constructive and fun activities; and c) develop verbal and nonverbal refusal skills.

The involvement in drama is more complex in the multicultural drug education project as shown by the story of ma'ii. Children are brought into this story as they identify with the grandchild listening to the grandfather--they are brought into the ho'gan by the lowered voice tone and beat of the drum. The children next identify with the prairie dogs as they close their eyes with the prairie dogs and as the presenter becomes ma'ii stalking with his bag of dreams and then striking with his stick. This identification is brought out of the realm of fantasy and into reality with the statement "Has anything like this ever happened to you?"

Through involvement in this drama, children learn to celebrate diverse cultures and learn prudence. In terms of culture, the children learn words (coyote, grandfather, sheep) in three (or more) languages. The children learn also that relationships they value or fear (grandparent-grandchild, temptor-victim) are esteemed so by others. In terms of drug education, by acting the part of the prairie dog, the children become aware that danger was present not only for the Navaho but that it is present today, that "keeping yours eyes open" is a survival skill, one needed even when it seems unlikely.

Analysis

Issues of importance to health communication are cultural conceptions of health, perceptions and beliefs about health, and culturally appropriate strategies for preventive health care. In this multicultural context these

issues become complex. Here we look at these issues as defined by Howard and Gomez as change agents.

Cultural Conceptions of Health

Drug use has cultural roots, so "one person's food is another's poison." Hispanics and Anglos3 have different poisons.

For the Hispanic populations in Lubbock, drug use starts not with marijuana or cocaine but with tobacco and beer which are closely allied to both ancient Aztec ceremonies and to contemporary values, and social ills. The Aztec used both tobacco and alcohol in religious ritual. The trace of this ritual is found today in the necessary use of alcohol at all religious and social events from baptisms and quinceaneros to Sunday afternoon get togethers. One is not a good host without beer (specifally, Coors Light) (Gilbert, 1988; cf. Sutro, 1989).

Beer drinking and tobacco smoking are for men only. It is appropriate in front of children, but not in front of parents. It is acceptable to get drunk, it is a sign of manliness, a sign that you have worked hard during the week and that you are taking your well-earned rest.

But drinking and drunkenness exacerbate cultural tendencies toward violence. Fighting was honored in the Mayan culture. The value is carried through in the construct of machissmo, the need to defend one's honor (Paz, 1979/1987). Yet in contemporary American society this defense of one's honor (either against another man or one's wife) (Perez, ND) is seen as assault and battery (cf.

Gilbert, 1988).

Thus for the Mexican-American the cultural values of hospitality and male honor are expressed through excessive drinking and violence for the Mexican-American. Preventive drug use starts with these values and with tobacco and beer as drugs of choice (cf. DeJong & Winsten, 1990).

For the Anglo-American, drug use is not as gender role specific nor is it as linked to hospitality. Rather, in the Lubbock area, Anglo drug use is related to the values of relaxation and having fun, immediate gratification, and an inability to cope with failure or problems.

Perceptions and Beliefs About Health Concerns

Three main premises undergird Howard and Gomez' programs: 1) that 80% of prevention is self-esteem, decision-making, refusal skills, alternatives to drug behavior and values (20% is about drugs) (cf. Adler, 1930; Simons & Robertson, 1989); and 2) teaching culture is an important way of teaching self-esteem (cf. Phinney, 1991); but 3) where a specific enactment of cultural values is no longer legally or personally appropriate, a different enactment for this cultural value needs to be found. They would argue that these premises are not culture-specific, but culture-general and apply to all at-risk behaviors. Premises 1 and 3 are evident in the drug education program. Premises 1, 2, and 3 are evident in the multicultural drug education program.

Culturally Appropriate Strategies for Preventive Health

The drug education program overtly teaches refusal

skills. It also teaches self-esteem and alternatives to drug-taking behavior. Through the patter, children are praised for their courage and intelligence in resisting at-risk behaviors and are encouraged to see how much fun there is in healthy behaviors. Although they are not taught directly about culturally inappropriate values, by listing things that are trouble, the children gain an awareness that taken-for-granted behaviors (hitting, drinking, smoking) are, indeed, risky (cf. Nickens, 1990).

The multicultural drug education program does not teach refusal skills but it does teach self-esteem and alternate behaviors through culture and it does begin to identify cultural enactments that should be changed. First of all, pride in culture is taught. For example, the Hispanic culture has been not only ignored but also washed out in Lubbock. Much history and traditions have been lost. By teaching Hispanic children some of their history they gain a sense of identity.4

The sessions are interactive and fun. The children are engrossed. Through these sessions they learn how enjoyable it is to sing, play instruments, learn languages, and learn arts. They learn alternatives to at risk behaviors.

Also, in these sessions, both risky and good things about each culture are identified. The Spaniards discovered America. But they were not wise in how they used coffee and tobacco. The Caribs were hospitable. But they made friends with the wrong people. The risky activities still cause

trouble. The good things still are commendable. Therefore emulate the good and disavow the weak.

Implications .1m10

Fisher notes,

> From the narrative perspective, the proper role of an expert in public moral argument is that of a counselor, which is, as Walter Benjamin notes, the true function of the storyteller. His or her contribution to public dialogue is to impart knowledge, like a teacher, or wisdom, like a sage. It is not to pronounce a story that ends all storytelling. . . . Once this invasion [into the public life is made], the public, which then includes the expert, has its own criteria for determining whose story is most coherent and reliable as a guide to belief and action. (1987, p. 73)

Howard and Gomez enter the public arena as experts and as storytellers. The stories they tell have coherence and are faithful to the values of the community.

The drug education program's five steps of refusal skills create a coherent and mythic narrative format. There is an introduction to the trouble, conflict or struggle between values, and a happy ending. (At the very least, the child has retained self-respect and a friend. At the best, the child has seen him/herself acting heroically.) The values celebrated are contemporary community (Lubbock, TX) values: obedience, self-respect, respect for others, kindness, and love.5

Moreover, a rationale, or transcendent value, is provided that openly links the community values with the children's values (if you show self respect you will be happy and have fun). By actually practicing the refusal skills they children participate in the mythic encounter between good and evil and see themselves victorious. It is thus easier to actually act so in "real life" (May, 1991).6

The multicultural drug education project programs, though much more complex, also have an internal coherence and fidelity to community values. Whatever the theme of the day is is the introduction. The main body focuses on valuing diversity and on discerning good and foolishness in all cultures. The conclusion is a return to the theme of the day or to something lighthearted. The values and transcendent values are not openly discussed (as in the refusal skills sessions) but, as discussed above, through participation in the songs and activities, the students emotionally give assent to the values of prudence and tolerance.

The multicultural drug education project also transforms the values of the community in three ways. First, by presenting with enthusiasm music from non-dominant groups (Hispanics, African-Americans) these groups are given a voice, a popular voice, in the classroom. The value of these cultures is applauded as the value of diversity is celebrated. Diversity and tolerance are encouraged also as examples are given of beneficial and harmful conduct in a variety of cultures. Children are taught that tradition in

and of itself is not sacred.

Third, stories within stories give a voice to elders from the out groups. Conflict is created. Do we not listen to their advice because these are people we do not respect? Do we listen because these are elders? Obedience wins, and in the process, both prudence and cultural appreciation are learned.7

Howard and Gomez come in as storytellers and storycreators celebrating the values of both the dominant and the non-dominant communities. They work within the given value systems to promote health. While celebrating Spanish exploits they say "let's not be foolish like the Spaniards and be taken in by coffee and tobacco [and beer]." While celebrating the Anglo emphasis on the pursuit of happiness, they clarify that trouble is not fun. They impart knowlege and create wisdom, for, as they recreate the songs and traditions of the past, they open a new perspective onto the present.

In summary, an analysis of these performances suggests that alternate frames of reference can redirect behaviors when participants sense themselves acting heroically and when this heroic action is linked to traditional community values and themes. Whether the performers validate or redirect these cultural themes, the acknowledgement of these themes ensures that performers and participants are involved in the same story (cf. Berger & Luckman, 1966; Perelman & Olbrechts-Tyteca, 1969) and, from this common starting place, can work actively together to maintain or change the

ending. In particular, even though the success rate of these performances is still unknown, this study suggests that when the "Just Say 'No'" vision is both related to community values and framed in heroic measures, compelling reasons are aroused for saying "yes" to health (cf. Ford, 1989; May, 1991; Sutro, 1989; for an alternate view cf.Mackey-Kallis & Hahn, 1991).

Fisher claims that narrativity works. Even though it is difficult to describe exactly how (Heidegger, 1959/1966), these performances of refusal skills affirm the potency of myth and narrative in creating new frames of reference, new stories that are healing rather than destructive (May, 1991).

References

Adler, A. (1930). The education of children Eleanore and Friedrich Jensen, Trans.). South Bend, Indiana: Gateway Editions, Ltd.

Berger, P. L., & Luckman, T. (1966). The social construction of reality: A treatise on the sociology of knowledge. Garden City, NY: Anchor Books.

DeJong W. (1987). A short term evaluation of project DARE: Preliminary indications of effectiveness. Journal of Drug Education, 17, 279-294.

DeJong, W., & Winsten, J. A. (1990). The use of mass media in substance abuse prevention. Health Affairs, 9, 30-46.

Ford, L. A. (1989). Fetching good out of evil in AA: A Bormannean fantasy theme analysis of "The big book" of Alcoholics Anonymous. Communication Quarterly, 37, 1-15.

Gilbert, M. Jean, (Editor). (1988). Alcohol consumption among Mexicans and Mexican Americans: A binational perspective. Los Angeles: Spanish Speaking Mental Health Research Center, University of California, Los Angeles.

Hecht, M. L., Corman, S., and Miller-Rassulo, M. (1991, May). An evaluation of the drug resistance project: A comparison of film vs. live performance media. Paper presented at the meeting of the International Communication Association, Chicago, IL.

Heidegger, M. Discourse on thinking (John M. Anderson and E. Hans Freund, Trans.). New York: Harper & Row, Publishers. (Original work published, 1959)

Howard, G. S. (1991). Cultural tales: A narrative approach to thinking, cross-cultural psychology, and psychotherapy. American Psychologist, 46, 187-197.

Kim, S., McLeod, J. H., & Shantzis, C. (1989). An outcome evaluation of refusal skills program as a drug abuse prevention strategy. Journal of Drug Education, 19, 3663-371.

Mackey-Kallis, S., & Hahn, D. F. (1991). Action: The power of the negative in the Reagan's "Just Say No" morality campaign. Communication Quarterly, 39, 1-17.

Mann, C., Hecht, M. L., & Valentinen, K. B. (1988). Performance in a social context. Date rape versus date right. Central States Speech Journal, 39, 269-280.

May, R. (1991). The cry for myth. New York: W. W. Norton & Company.

Miller-Rassulo, M., & Hecht, M. L. (1988). Performance as persuasion: Trigger scripting as a tool for education and persuasion. Literature in performance, 8, 40-55.

Miller-Rassulo, M., Hecht, M. L., & Stiff, J. (n.d.) Perceptions of performance: Audience-centered analysis of media effectiveness. Unpublished manuscript, Arizona State University, Department of Communication, Tempe.

Paz, O. (1987). Convergences: Essays on art and literature (Helen Lane, Trans.). San Diego: Harcourt Brace Jovanovich. (Original work published, 1979)

Perelman C., & Olbrechts-Tyteca, L. (1969). The new rhetoric: A treatise on argumentation (J. Wilkinson & P. Neaver, Trans.). Notre Dame: University of Notre Dame Press.

Perez, A. N. (ND). The image of women in Puertorican "Salsa." University of Puerto Rico, College of General Studies, English Department

Phinney, J. S. (1991). Ethnic identity and self-esteem: A review and integration. Hispanic Journal of Behavioral Sciences, 13, 193-208.

Reardon, K. K., Sussman, S., & Flay, B. R. (1989). Are we marketing the right message: Can kids "Just Say 'No'" to smoking? Communication Monographs, 56, 307-323.

Rohrbach, L. A., Graham, J. W., Hansen, W. B., & Flay, B. R. (1987). Evaluation of resistance skills training using multi-trait/multi-method role play assessments. Health Education Research, 2, 401-407.

Simons, R. L., & Robertson, J. F. (1989). The impact of parenting factors, deviant peers, and coping style upon adolescent drug use. Family Relations, 38, 273-281.

Sutro, L. D. (1989). Alcoholics Anonymous in a Mexican peasant-Indian village. Human Organization, 48, 180-186.

Wallace, A. (1956). Acculturation: Revitaliztion movements. American Anthropologist, 58, 264-281.

Weibel-Orlando, J. (1989). Hooked on healing: Anthropologists, alcohol, and intervention. Human Organization, 48, 148-155.

Notes

1. Data was collected through observation in classrooms and at public events, and also through interviews, May 1991-November 1991. Data collection was approved by the Human Subjects Committee at Texas Tech.

2. By a "Hawaiian" song is meant a rendition of Hawaiian song written by Gomez, Gomez, and Howard using Hawaiian beat and melody, using Hawaiian terms, and about Hawaiian issues. The same holds true for all other "folk" songs.

3. For this paper, the term Hispanic-American designates a person of Spanish descent; Anglo-American designates a person who has assimilated English-American values.

4. This teaching of history is important not only for the Hispanic-American (and African-American) children but also for the Anglo-American children because of North-South issues. Teachers emphasize that this part of the country was explored before the East Coast is older, therefore students can take pride in what they have contributed to the American culture.

5. These values, including love, are posted everywhere in schools. They are part of the open curriculum concept.

6. No actual long-term evaluation has been done because funding for these projects is from several sources usually covering only a 6-12 month period. Anecdotal evidence suggests these programs are efficacious. For

example, teachers report: a) overhearing children using these refusal skills with each other and b) a decrease in negative behaviors after a training session.

7. This is West Texas. There are three basic rules: a) non-whites are invisible; b) tradition is sacred, as in "I don't recycle because my grandmother didn't;" and c) of supreme importance, "obey authority."